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# Best Practices for Assessing ADHD in Young Children and Adolescents

November 9, 2023

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Director, ADHD & Learning Differences Program  
Children's National Hospital



# Session Overview

- Background on ADHD
- Recommendations for assessing ADHD in young children
- Recommendations for assessing ADHD in adolescents
- Overview of shared decision making (SDM) approach

# Learning Objectives

The learner will:

- Increase familiarity and competence with screening and assessment resources to inform care of young children with ADHD
- Increase familiarity and competence with screening and assessment resources to inform care of older adolescents with ADHD
- Increase understanding of the importance and value of engaging patients and families in shared decision making (SDM) and review an evidence-based SDM tool

# What is ADHD?

## Attention-Deficit/Hyperactivity Disorder

- Persistent pattern of developmentally inappropriate levels of inattention, hyperactivity, and/or impulsivity\*

### Inattention

Paying close attention  
Completing homework/ Silly mistakes  
Distractibility

### Impulsivity

Interrupting  
Reacting Aggressively  
Breaking Class Rules

### Hyperactivity

Fidgeting / Feeling Restless  
Running/Climbing



# What is a Diagnosis of ADHD?

- 6 or more symptoms of inattention
  - Forgetful, Disorganized, Easily Distracted
- 6 or more symptoms of hyperactivity/impulsivity
  - Talks excessively, always on the go, fidgets/squirms
- Persist for longer than 6 months
- Present before age 12
- Significant impairment in 2 domains of functioning



# ADHD Facts

## How many people *meet criteria* for ADHD?

- 5% - 10% (about 1 in 15)

- **How long does ADHD last?**

- For most children, problems with ADHD will last into adulthood (about 80%)

- **Why is ADHD such a big deal?**

- Problems with school

- Problems with friends

- Problems with parents

- Problems with self-esteem



# Age-based Heterogeneity in Impact Daily Life Functioning

## Early childhood

- Non-compliance with adult instructions
- Behavioral dysregulation
- Motor overactivity

## Middle Childhood

- Hyperactivity, inability to stay seated during school work
- Aversive social interactions with peers
- Distractibility
- Difficulty following rules

## Adolescence

- Organization, time management, and planning problems
- Speaking without thinking
- Problems with motivation and self-directedness
- Poor follow through with daily responsibilities

## Adulthood

- Difficulties managing appointments, finances, and job responsibilities
- Problems with attention and procrastination
- Failing to finish things started





# Developmental Course

- **ADHD is a chronic neurodevelopmental disorder**
- Children often do not “grow out” of ADHD when they reach adolescence
  - For most (>80%) symptoms persist
- Associated with increased risk of negative outcomes
- Often accompanied by complex coexisting conditions
- However, the nature of the disorder changes throughout adolescence
- SDBP Practice Committee recommends “**a life course perspective**” for assessment and treatment should be similar to the approach taken with other serious, chronic health conditions that are identified in childhood, such as diabetes”

# Diagnostic Evaluations

- Multiple reporters in multiple settings
  - Teacher, parent, daycare provider
  - School, home, daycare
- Multiple methods
  - Clinical interviews
  - Rating Scales (Vanderbilt, CBCL/TRF)
  - Observation
- Integration of information across settings and reporters
  - Mother/Father; Teacher/Special Ed

# Psychological Testing vs. Mental Health Diagnostic Assessment

- **“Psychological testing”** = primarily consists of formal measures of cognitive ability and academic achievement.
- **“Neuropsychological testing”** = additional direct assessments of cognitive processes (e.g., memory, executive function)
- **“Mental health diagnostic assessments”** typically include **diagnostic interviews** (informal or structured) along with **standardized questionnaires** that assess a broad range of disorders or specific conditions such as anxiety or depression.

Assessment of youth with known or suspected coexisting LDs may require more detailed, formal psychoeducational testing than can be provided in the primary care setting.

Neuropsych testing is appropriate for children suspected of having specific neurological conditions (e.g., TBI, CNS tumors).

[The Society for Developmental and Behavioral Pediatrics Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Complex Attention-Deficit/Hyperactivity Disorder: Process of Care Algorithms](#)

Barbarese, William J.; Campbell, Lisa; Diekroger, Elizabeth A.; Froehlich, Tanya E.; Liu, Yi Hui; O'Malley, Eva; Pelham, William E. Jr; Power, Thomas J.; Zinner, Samuel H.; Chan, Eugenia

Journal of Developmental & Behavioral Pediatrics 41:S58-S74, February/March 2020. doi: 10.1097/DBP.0000000000000781

# Definition of “Complex ADHD” Includes:

Age at presentation

- <4 years
- >12 years

Practice Guideline > J Dev Behav Pediatr. 2020 Feb/Mar;41 Suppl 2S:S35-S57.

doi: 10.1097/DBP.0000000000000770.

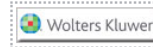
## Society for Developmental and Behavioral Pediatrics Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Complex Attention-Deficit/Hyperactivity Disorder

William J Barbaresi <sup>1</sup>, Lisa Campbell <sup>2</sup>, Elizabeth A Diekroger <sup>3</sup>, Tanya E Froehlich <sup>4</sup>, Yi Hui Liu <sup>5</sup>,  
Eva O'Malley <sup>6</sup>, William E Pelham Jr <sup>7</sup>, Thomas J Power <sup>8</sup>, Samuel H Zinner <sup>9</sup>, Eugenia Chan <sup>1</sup>

Affiliations + expand

PMID: 31996577 DOI: 10.1097/DBP.0000000000000770

FULL TEXT LINKS



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Clinical Practice Guideline  
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Hyperactivity Disorder:  
Process of Care Algorithms](#)

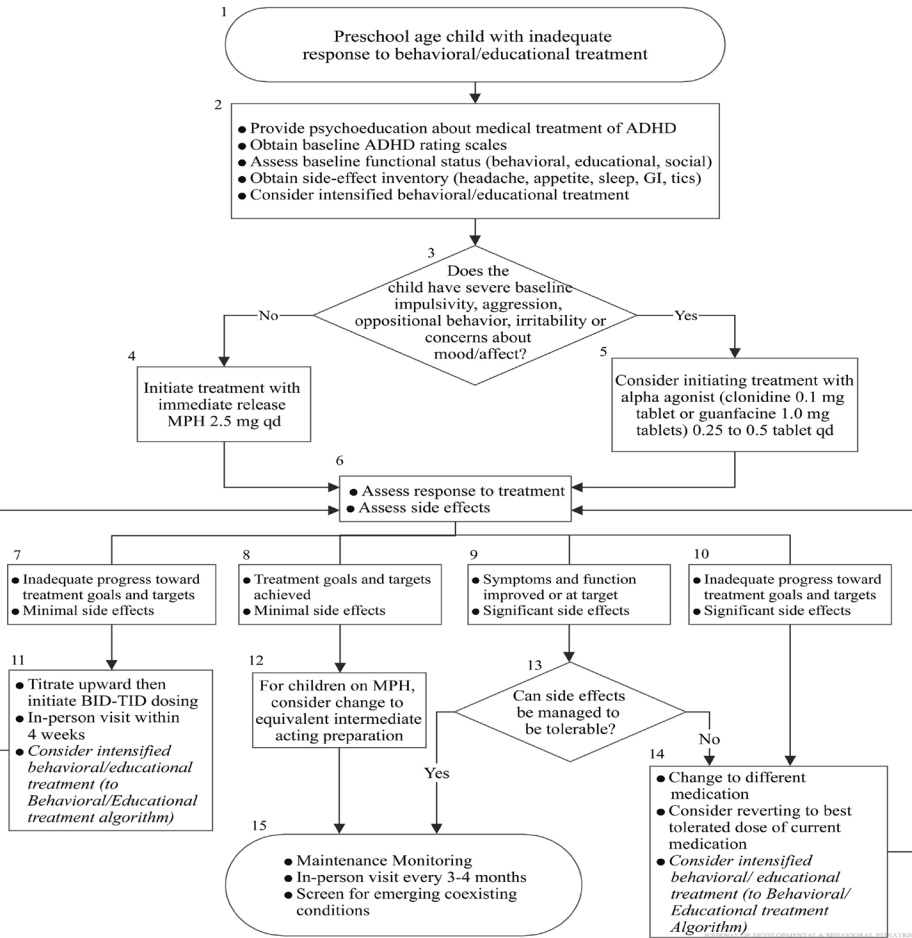


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# ASSESSING ADHD IN YOUNG CHILDREN

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**Preschool Age Complex ADHD General Medication Treatment Algorithm (ages ≥3 years to <6 years)**



[The Society for Developmental and Behavioral Pediatrics Clinical Practice Guideline for the Assessment and treatment of Children and Adolescents with Complex Attention-Deficit/Hyperactivity Disorder: Process of Care Algorithms](#)

Barbarese, William J.; Campbell, Lisa; Diekroger, Elizabeth A.; Froehlich, Tanya E.; Liu, Yi Hui; O'Malley, Eva; Pelham, William E. Jr; Power, Thomas J.; Zinner, Samuel H.; Chan, Eugenia

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**Preschool age child with inadequate response  
to behavioral/educational treatment**



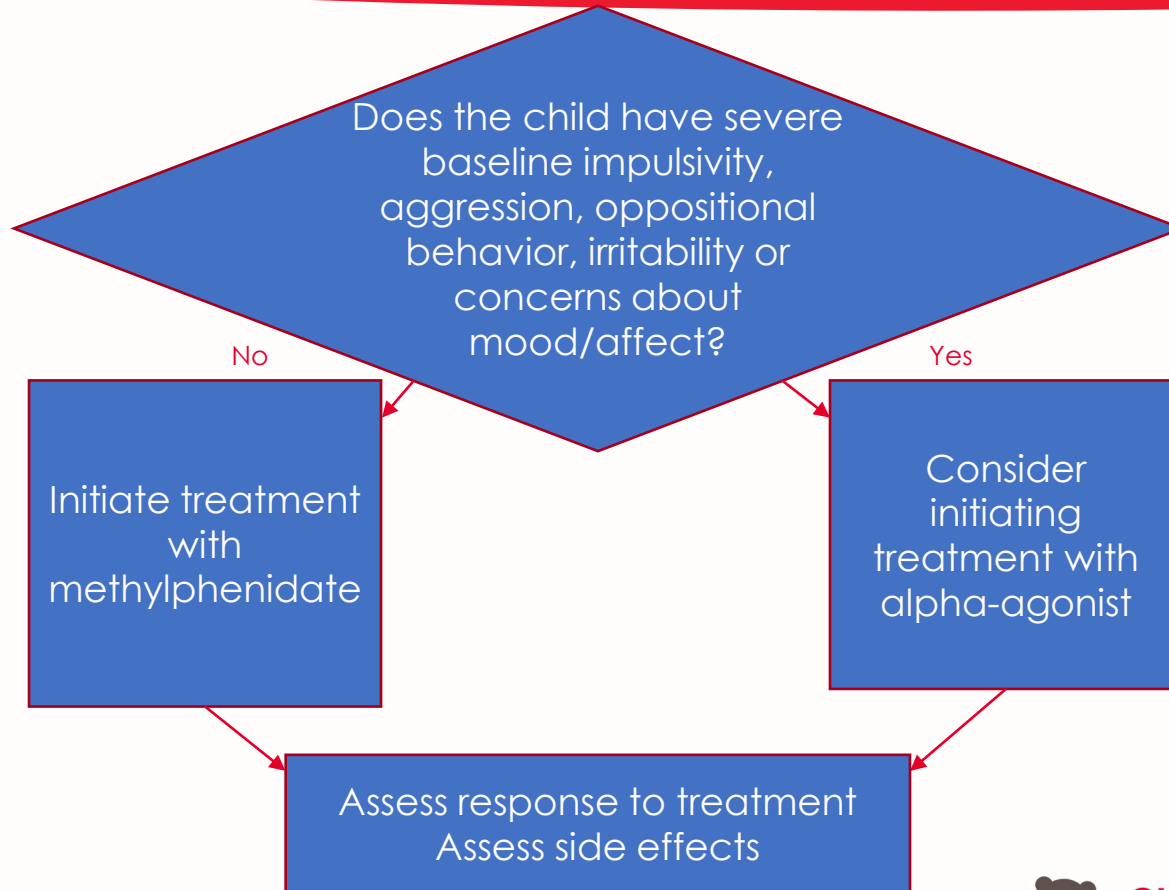
Provide psychoeducation about medical treatment of ADHD

Obtain baseline ADHD rating scales

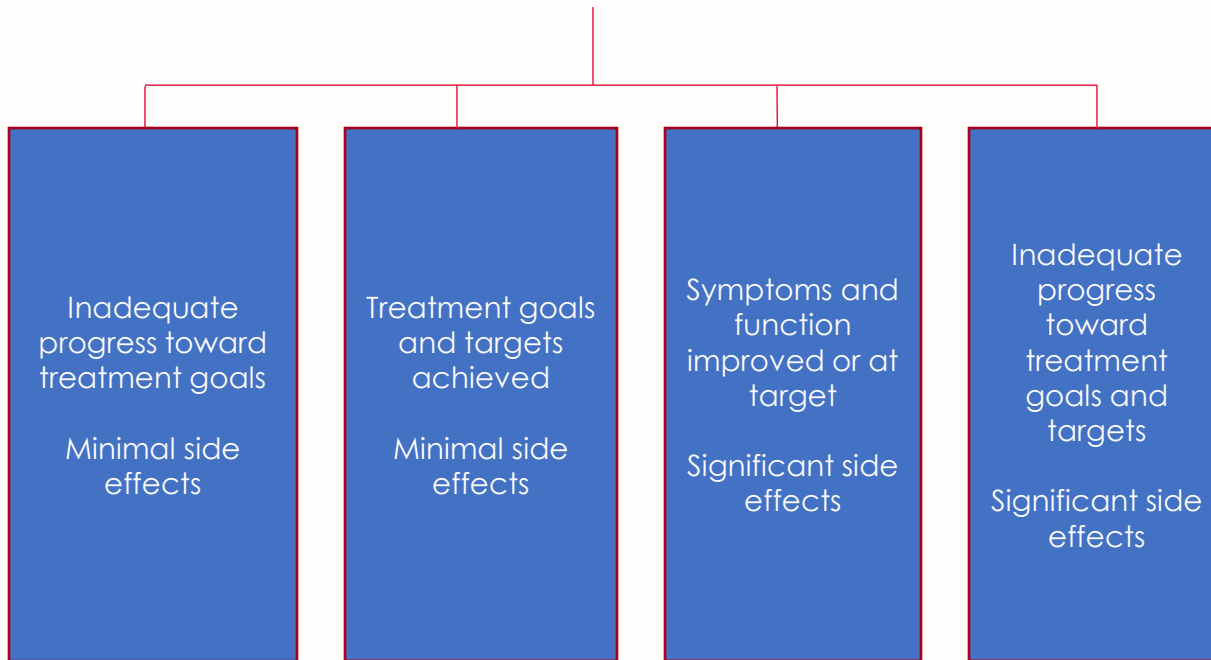
Assess baseline functional status (behavioral, education, social)

Obtain side effect inventory (headache, appetite, sleep, GI, tics)

Consider intensified behavioral/educational treatment





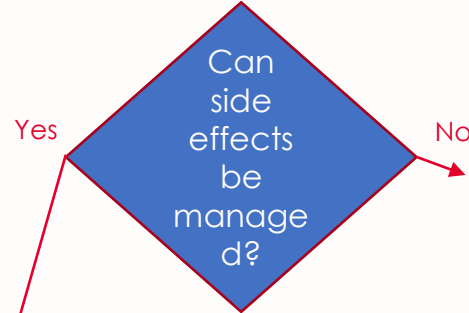


Titrate up then initiate BID to TID dosing

In-person visit within 4 weeks

Consider intensified behavioral/educational treatment

For children on MPH, consider change to intermediate-acting



Change to different med

Consider reverting to best tolerated dose of current med

Consider intensified behavioral/educational





Maintenance monitoring

In-person visit every 3-4 months

Screen for emerging coexisting conditions

# Tool for ADHD Evaluation in Preschoolers

## ADHD Rating Scale-IV Preschool Version

[https://depts.washington.edu/dbpeds/ADHD\\_Care\\_Guide\(BobHilt2014\).pdf](https://depts.washington.edu/dbpeds/ADHD_Care_Guide(BobHilt2014).pdf)



## COMPLEX ADHD GUIDELINE TOOLKIT

The Society for Developmental and Behavioral Pediatrics is developing this Complex ADHD Guideline Toolkit to facilitate implementation of the Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Complex ADHD.

This toolkit provides additional resources for evaluation, treatment, and care for those with complex ADHD. These include downloadable materials and links to online resources for parents, children, teachers, medical providers and mental health providers

# Toolkit Resources

## Preschool ADHD



*Children as young as four years old can be diagnosed with ADHD. Preschoolers with ADHD are more likely to have difficulties in daycare or school, including problems with peer relationships and learning. For preschoolers, behavioral treatments should be considered first and medication only when needed.*



## Preschoolers and ADHD

At times preschoolers may have difficulty paying attention, following directions, and waiting or taking their turn. These behaviors can be common and age appropriate or they may indicate the need for an Attention-Deficit/Hyperactivity Disorder (ADHD) evaluation. As a parent, you might wonder whether your preschooler has ADHD or is just being rambunctious and acting typical for his or her age. This fact sheet will tell you more about ADHD in preschoolers and what to do if you are concerned about your child.

### Can preschoolers have or be diagnosed with ADHD?

Yes, children as young as age 4 can be diagnosed with ADHD. According to the 2010–2011 National Survey of Children's Health, approximately 194,000 preschoolers (2–5 years of age) had a current ADHD diagnosis. Some children outgrow the symptoms, but others may not. Research shows that 3-year-olds who show symptoms of ADHD are much more likely to meet the diagnostic criteria for ADHD by age 13.

### How can I tell if my preschooler has ADHD?

Preschoolers with ADHD are more likely to be suspended from school or daycare because of their disruptive behavior. These kids have more trouble learning concepts at school, and many get special education placements at a very young age when compared to children without ADHD.

As a parent, you will want to know where your child's behaviors fit along a range of behaviors that are typical of kids the same age.

Ask yourself, "When compared with other preschoolers of the same age, where does my child's behavior fall?" Talking with your preschooler's teachers and/or childcare providers can let you know what are common behaviors in young children and not related to a disorder and what is of more serious concern.

### What is involved in having my preschooler evaluated for ADHD?

To be diagnosed with ADHD, a child must have a specified number of symptoms for at least 6 months that show up in more than one area of life. For example, if your child has behaviors at home that may look like ADHD but does not have these behaviors in situations outside the home, there may be another explanation. If you suspect that your preschooler has ADHD, you will want to talk to a professional who is trained to diagnose and treat ADHD such as your child's pediatrician, a child psychiatrist, psychologist, clinical social worker or other qualified mental health clinician. It is also important to have your child checked for other conditions such as vision, hearing, or sleep problems because sometimes the symptoms look like ADHD.



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# Toolkit Resources

## Behavior Therapy in Preschoolers

### Behavior Therapy for Young Children with ADHD What Healthcare Providers Can Do

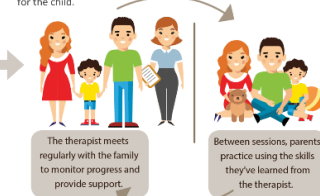
*Healthcare providers can:*  
Refer parents of children with ADHD for training in behavior therapy before prescribing medicine.

#### Steps for healthcare providers

1. **Assess** a young child with ADHD symptoms using clinical practice guidelines.<sup>1</sup>
2. **Talk** with parents about ADHD treatment and explain the benefits of behavior therapy.
  - Improved behavior, self-control, and self-esteem for children.
  - Better relationships and reduced stress for families.
  - Benefits are lifelong for children and families.
3. **Refer** parents to a therapist before prescribing medicine.<sup>2</sup> Find a therapist who:
  - Teaches parents to better manage their child's behavior and strengthen the parent-child relationship.
  - Encourages parents to practice between sessions, regularly monitors progress, and adjusts strategies as needed.
4. **Follow up** with the family during and after treatment to confirm progress.

#### What parents can expect in behavior therapy

With the support of healthcare providers and therapists, parents can learn skills to help improve their child's behavior, leading to improved functioning at school, home and in relationships. Parents typically attend 8 or more sessions with a therapist. Sessions may involve groups or individual families. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.



After therapy ends, families continue to experience improved behavior and reduced stress

For more information about behavior therapy, go to <http://www.cdc.gov/ncbddd/adhd/behavior-therapy.html>

#### What parents learn when trained in behavior therapy



Behavior therapy, given by parents and with the support of healthcare providers, teaches children to better control their own behavior, leading to improved functioning at school, home and in relationships. Learning and practicing behavior therapy requires time and effort, but it has lasting benefits for the child.

<sup>1</sup>Clinical practice guidelines for primary care: <http://bit.ly/1nCL0em> and child psychiatry: <http://bit.ly/1310uZ8>

<sup>2</sup>In areas where behavioral treatments proven to work are not available, the healthcare provider should weigh the risks of starting medicine at an early age against the harm of delaying diagnosis and treatment, as recommended in the American Academy of Pediatrics practice guidelines.

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# Toolkit Resources

## Behavior Therapy in Preschoolers: Overview

AN OVERVIEW FOR PARENTS AND CAREGIVERS

Behavior therapy is an important first step for children under 6 with ADHD.

You can help your young child with attention-deficit/hyperactivity disorder (ADHD) by learning parenting strategies that encourage positive behaviors and discourage negative ones. Behavior therapy for young children with ADHD gives parents the knowledge and skills they need to help their child succeed.

Behavior therapy is an important first step for children under 6 with ADHD and should be tried first, before medication. Ask your doctor about behavior therapy for young children with ADHD.



Help your young child with ADHD with behavior therapy.

Behavior therapy teaches  
parents the skills and  
strategies they  
need to help their  
young child with  
ADHD.



Learn more at:  
<http://www.cdc.gov/ncbddd/adhd/treatment.html>

### What is behavior therapy?

Behavior therapy is an effective treatment that improves ADHD symptoms without the side effects of medicine. It is an important first step for young children with ADHD and most effective when it is delivered by parents. It teaches parents how to create structure and reinforce good behavior. By attending training sessions with a therapist, you can learn how to

- Have a better understanding of your child's behavior.
- Encourage positive behaviors and discourage negative ones.
- Help your child be successful at home and school.

### Why should parents try behavior therapy first, before medication?

The American Academy of Pediatrics recommends that children 4-5 years of age with ADHD be treated with behavior therapy first, before trying medication. Parent training in behavior therapy is an important first step because

- It gives parents the skills and strategies to help their child.
- Behavior therapy has been shown to work as well as medication for ADHD in young children.
- Young children have more side effects from ADHD medications than older children.
- The long-term effects of ADHD medications on young children have not been well-studied.

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# Toolkit Resources

## Behavior Therapy in Preschoolers: Finding a Therapist

### Behavior therapy for young children with ADHD Finding a Therapist



Behavior therapy is an effective treatment for attention-deficit/hyperactivity disorder (ADHD) that can improve a child's behavior, self-control, and self-esteem. It is most effective in young children when it is delivered by parents. When parents become trained in behavior therapy, they learn strategies to help their child with ADHD succeed at school, at home, and in relationships. Families can use the following information to help find therapists who provide behavior therapy training for parents of young children with ADHD.

How do I find a therapist who trains parents in behavior therapy?

Psychologists, social workers, and licensed counselors can provide this kind of training for parents. Therapists may be found through online provider directories (such as the [American Psychological Association Psychologist Locator\\*](#), the [American Association of Marriage and Family Therapy Locator\\*\\*](#)), or other professional association directories), or through health insurance provider directories. Parents can review the therapist's online profile or call and ask the therapist to describe their approach to ADHD treatment.

What should I look for?

Families should look for a therapist who focuses on training parents. Some therapists will have training or certification in a program that has been proven to work in young children with ADHD. Such programs include those listed in a 2011 Agency for Healthcare Research and Quality (AHRQ) report<sup>\*\*\*</sup>:

- Parent-Child Interaction Therapy (PCIT)
- Incredible Years Parent Program
- Triple P – Positive Parenting Program
- New Forest Parenting Programme

While these may not be available in all areas, other programs have also been tested and found to work in children with ADHD. This list of questions can be used to find a therapist who uses a proven approach:

#### Does this therapist:

- Teach parents skills and strategies that use positive reinforcement, structure, and consistent discipline to manage their child's behavior?
- Teach parents positive ways to interact and communicate with their child?
- Assign activities for parents to practice with their child?
- Meet regularly with the family to monitor progress and provide coaching and support?
- Re-evaluate and remain flexible enough to adjust strategies as needed?

\* American Psychological Association Psychologist Locator, <http://locator.apa.org>

\*\* American Association of Marriage and Family Therapist Locator, <http://www.aamft.org/locator> (AAMFT is the collaborator)

\*\*\* Olanoff, A., Doolittle, S., Carter, S., Borden, L., Lim, C., Ellis, S., et al. Attention Deficit Hyperactivity Disorder: Effectiveness of Treatment in At-Risk Preschoolers. Long-Term Effectiveness in All Ages and Variability in Prevalence, Diagnosis, and Treatment. Rockville, MD: Agency for Healthcare Research and Quality; 2011.

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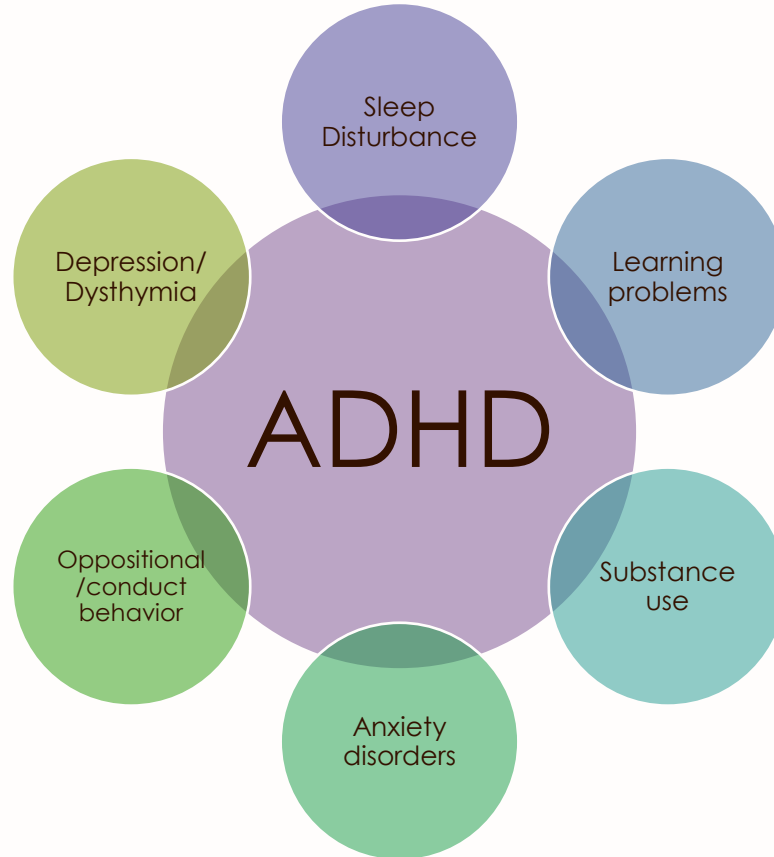
# WORKING WITH ADOLESCENTS

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# Assessing ADHD in Adolescents

- For teens not diagnosed in childhood, obtaining a diagnosis of ADHD in adolescence can be complicated by:
  - Symptoms must be present in some way prior to age 12; however, recalling past symptoms is often difficult
  - Many of the symptoms listed in the *DSM* criteria are primarily written for younger children (e.g., “runs about or climbs excessively”) and may not be applicable to teens
  - Obtaining reliable reports of symptoms from observers, such as parents or teachers, is more difficult
    - Adolescents usually have several different teachers, who they see for small portion of the day
    - Parents similarly have less direct contact with during the teenage years
    - Some of the more striking symptoms of ADHD (e.g., extreme hyperactivity) may be more subtle in teens than in younger children
- Presence of other disorders may complicate the diagnosis of ADHD

# Co-occurring conditions in the teen years



# Diagnosing ADHD in Older Adolescents and Adults

- ADHD often lasts into adulthood
- To diagnose ADHD in adults and adolescents age 17 years or older, **only 5 symptoms** are needed instead of the 6 needed for younger children
- Symptoms might look different at older ages
  - For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity

For more information about ADHD diagnosis and treatment throughout the lifespan, visit these websites :

- [National Resource Center on ADHD](#)
- [National Institutes of Mental Health](#)



# Recommendations for Assessment with Adolescents with ADHD

- Use combination of both nomothetic and idiographic tools to assess initial functioning and monitor progress
- Identify initial targets for treatment and clear metrics for assessing progress

# Nomothetic Tools

Norm-based, standardized measures, provides concrete assessment relative to others

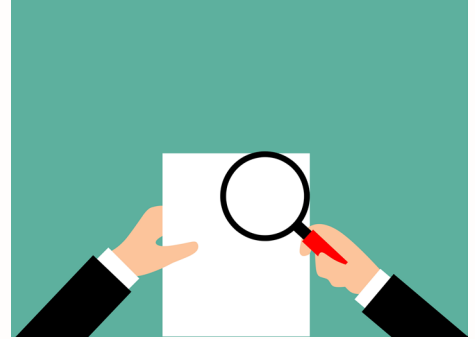
- Narrow-band
- Broad-band

Helpful for determining:

- Whether patient meets criteria for a diagnosis of ADHD
- Whether patient meets criteria for any comorbid conditions
- Patient's relative strengths and weaknesses

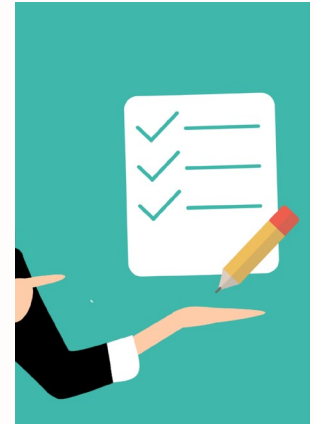
Examples:

- *NICHQ Vanderbilt Assessment Scale* (Parent and Teacher Versions)
- *Impairment Rating Scale* (Fabiano et al., 2006)
- *Strengths and Difficulties Questionnaire* (broad-band)



# Idiographic Tools

- Individualized measures of specific areas of functioning
- Responsive to change across different types of treatment
- Used frequently to monitor key problem areas
- Examples:
  - Frequency of target behaviors
    - Number of assignments missed each day/week
    - Number of assignments recorded accurately
  - Target behavior checklists
  - Behavior logs
  - Self-monitoring
  - Frequency of praise & positive parenting behaviors
  - Weekly behavior/progress rating (global)





## Variation in Psychosocial Interventions Based on Age

- Appropriateness and effectiveness of evidence-based behavioral interventions for ADHD vary based on developmental level of the child
  - BPT's evidence of effectiveness is much stronger for children < 12 years
  - OTMP skills interventions have evidence effective for older children and adolescents (aged 11–18 years)
  - OTMP is less appropriate and effective with younger children
- As children mature into adolescence, it is important to **involve them more centrally in the development and implementation of behavioral interventions**
  - Strategies to promote youth engagement and motivation (e.g., motivational interviewing) may be helpful

# SHARED DECISION MAKING

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Overview & Application

## Best Practice - IOM

# CROSSING THE QUALITY CHASM

**A New Health System for the 21st Century**

Committee on Quality of Health Care in America

INSTITUTE OF MEDICINE

*“Patient-centered: providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide clinical decisions.”*

# Best Practice - AAP

## AMERICAN ACADEMY OF PEDIATRICS Committee on Hospital Care

### INSTITUTE FOR FAMILY-CENTERED CARE

#### POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

### Family-Centered Care and the Pediatrician's Role

#### CORE PRINCIPLES OF FAMILY-CENTERED CARE

Family-centered care is grounded in collaboration among patients, families, physicians, nurses, and other professionals for the planning, delivery, and evaluation of health care as well as in the education of health care professionals. These collaborative relationships are guided by the following principles:

9. Empowering\* each child and family to discover their own strengths, build confidence, and make choices and decisions about their health



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# Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents

## ABSTRACT

The purpose of this practice parameter is to promote the appropriate and safe use of psychotropic medications in children and adolescents with psychiatric disorders by emphasizing the best practice principles that underlie medication prescribing. The evidence base supporting the use of psychotropic medication for children and adolescents with psychiatric disorders has increased for the past 15 to 20 years, as has their use. It is hoped that clinicians who implement the principles outlined in this parameter will be more likely to use medications with the potential for pharmacological benefit in children safely and to reduce the use of ineffective and inappropriate medications or medication combinations. The best practice principles covered in this parameter include completing a psychiatric and medical evaluation, developing a treatment and monitoring plan, educating the patient and family regarding the child's disorder and the treatment and monitoring plan, completing and documenting assent of the child and consent of the parent, conducting an adequate medication treatment trial, managing the patient who does not respond as expected, establishing procedures to implement before using medication combinations, and following principles for the discontinuation of medication. *J. Am. Acad. Child Adolesc. Psychiatry*, 2009;48(9):961–973. **Key Words:** practice parameter, psychopharmacology, multiple medications, treatment.

# Shared Decision Making: Outcomes/ Benefits



Brinkman WB, Hartl Majcher J, Poling LM, et al. Shared decision-making to improve attention-deficit hyperactivity disorder care. *Patient Educ Couns*. 2013;93(1):95-101. doi:10.1016/j.pec.2013.04.009

# Shared Decision Making: Barriers & Solutions

- Clinician vs Parent Perspective
- Access to treatment options
- Clinician training/ comfort



Fiks, Alexander G., et al. "Contrasting parents' and pediatricians' perspectives on shared decision-making in ADHD." *Pediatrics* 127.1 (2011): e188-e196.

# ADHD Decision Aids

ADHD SDM intervention created by  
Bill Brinkman, MD

- All materials written at or below 8<sup>th</sup> grade reading level

Compared to control condition, the intervention

- Improved family knowledge re: ADHD tx options
- Decreased decisional conflict about tx options
- Did NOT increase visit duration



# ADHD SDM Intervention

Pre-visit materials provided to families 1 week before scheduled visit, includes:

- ADHD background info
- Overviews pros/cons and resources for:
  - Behavior treatment at home and school
  - ADHD medications
  - Combined behavior and med tx
- Most & less common side effects
- Rare side effects
  - Significant HR & BP changes, growth suppression, hallucinations
- Concerns regarding pre-existing heart problems
- Frequently asked questions
  - “Addiction” to medication
  - Change in personality
  - How long the medication lasts



## ADHD

ATTENTION-DEFICIT HYPERACTIVITY DISORDER

READ.  
ASK QUESTIONS.  
THINK. DECIDE.



Parent Booklet

<https://www.cincinnatichildrens.org/research/divisions/jj/anderson-center/evidence-based-care/decision-aids>

# Intra-Visit Treatment Choice

## Clinician elicits goals and preferences from caregiver and adolescent

- ***What do you like most and least about each treatment option?***  
(watchful waiting, behavioral treatment, medication treatment, combined treatment)
- ***What behavioral methods have you tried in the past?***
- ***What are you currently trying?***
- ***What are you interested in trying next?***



# Intra-Visit Medication Choice

Summarize key areas for 3 classes of FDA-approved and their specific preparations

- Cost
- Duration of effect
- Average amount of improvement
- Side Effects
- Effect on daily routine / dosing regimens
- Daily routine for taking medicine
- Follow-up and monitoring

# ADDITIONAL RESOURCES



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# Advanced Tools for Organization Management (ATOM) Program

- Middle school program, delivered in school by school staff, with support from the ATOM team
- School staff meet with students in brief 15-20-minute meetings during the school day, 1-2x per week
- Parents are also invited to join two meetings to help promote skills at home



# Learn more about ATOM and view our resources:



Email: [ATOM@childrensnational.org](mailto:ATOM@childrensnational.org)

Phone: 202-476-7086

Web: <https://theatomprogram.com>

# TPAC Program: Treating Parents with ADHD and their Children



Dr. Andrea Chronis-Tuscano



Dr. Christina Danko



Diana Heath



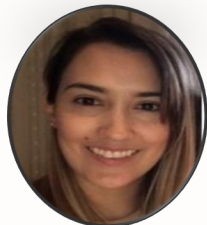
Katie Coley



Alannah Claybaugh



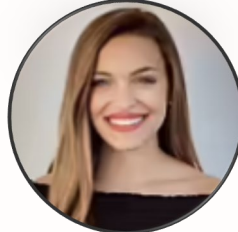
Dr. Nicole Lorenzo



Dr. Julia Dorfman



Sophia Frontale



Nick Marsh



Hong Bui



Dr. Adelaide Robb



Dr. Donna Marschall



Dr. Nikita Rodriguez



Dr. Noelle Wolf



Dr. Erica Eisenman



Dr. Lisa Efron



Dr. Maria Lauer



Dr. Sobhan-Mosely



Dr. Melissa Dvorsky



Emily Hartman

Dr. Avanté Smack

Dr. Sharde Pettis



# What is the TPAC Program?

- Comprehensive family approach to treating child ADHD
- Managing child ADHD is hard! It's even harder when a parent also struggles with ADHD
- We examine 2 treatment strategies for families where parent and children **(3-8 years)** have ADHD symptoms
- Eligible families randomized into one of two study groups:

Parent Stimulant  
Medication + 10-week  
Behavioral Parenting  
Program

OR

10-week Behavioral  
Parenting Program

Children do NOT receive medication in our trial!

# Behavioral Parenting Program

- In the parenting intervention (BPT), parents learn skills to help manage child ADHD symptoms, including:
  - *Strengthening the parent-child relationship*
  - *Consistency and Time management*
  - *Coping skills*
  - *Direct communication skills*
  - *Working with schools*
  - *Emotion coaching and emotion communication skills*
  - *Behavior management strategies*



# TPAC Program Summary

- **WHO:** Caregivers and children (3-8yo) who you suspect may have ADHD
- **What:** Families receive 10-week Behavioral Parenting Program (+half of parents receive stimulant medication for themselves)
- **Why:** Up to 50% of children with ADHD have a parent with ADHD! Treating parents and children together can be beneficial.
- **Incentives:** Families receive individualized treatment + \$195 for completing surveys

## Next Steps


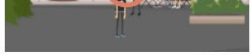



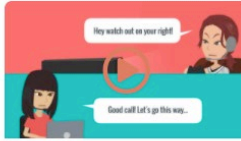




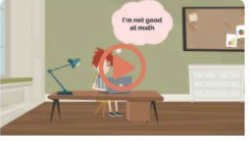
- **Contact TPAC!** [tpac@childrensnational.org](mailto:tpac@childrensnational.org)
- **Check out our website!**  
[www.tpacprogram.com](http://www.tpacprogram.com)
- **Email questions:** [t-pac@umd.edu](mailto:t-pac@umd.edu)

# TOOLS FOR EXECUTIVE FUNCTIONS

The following videos/handouts were developed by the University of Maryland (UMD) ADHD Program and the Children's National ADHD & Learning Differences Program in partnership with CHADD with funded provided to UMD by the Stroud Foundation:






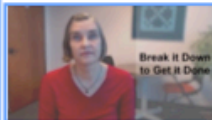



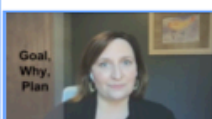




<https://chadd.org/stroud-umdadhdtools>

 <b>What is Behavioral Activation</b> ▶ Play Video 📄 See Handout	 <b>How to Use a Calendar System</b> ▶ Play Video 📄 See Handout	 <b>Creating a Home Workspace</b> ▶ Play Video 📄 See Handout
 <b>How to Manage Emotions</b> ▶ Play Video 📄 See Handout	 <b>Tips for Communicating with Parents</b> ▶ Play Video 📄 See Handout	 <b>Staying Connected with Friends</b> ▶ Play Video 📄 See Handout
 <b>Prioritizing What's Important</b> ▶ Play Video 📄 See Handout	 <b>Creating Daily Routines</b> ▶ Play Video 📄 See Handout	 <b>How to Sleep Better</b> ▶ Play Video 📄 See Handout
 <b>Breaking Down Assignments &amp;</b>	 <b>Tackling Unhelpful Thoughts</b>	

# Executive Function Basics for Parents

The following videos were supported by the Patient Centered Outcomes Research Institute (DI-2019C2-17605).

 <p>Understanding Executive Functioning</p>	<p>This animation introduces parents to what executive functions are and what problems with executive functioning look like. It introduces simple steps parents can take to help their children.</p>	 <p>Motivation: How Everyone in Your Family Can Get More of What They Want</p>	<p>In this webinar, an expert explains how children and parents can both get more of what they want through motivating strategies.</p>
 <p>Compromising So Everyone Wins</p>	<p>Compromising helps everyone get what they want. This animation explains the different types of compromise and how they can be used so that both parents and their children can walk away with something positive.</p>	 <p>What to do When What We Want is Not Possible?</p>	<p>Sometimes what we want is not possible. This webinar features an expert explaining what to do in these situations to help your child.</p>
 <p>Expect the Unexpected</p>	<p>This animation shows parents how then can help their children manage disappointment when things don't go as planned by "expecting the unexpected."</p>	 <p>Break it Down to Get it Done</p>	<p>Children with executive function challenges can easily get overwhelmed. In this video, an expert gives simple tips for breaking tasks down into steps in order to get things done.</p>
 <p>Plan A/Plan B &amp; Big Deal/Little Deal</p>	<p>Coming up with multiple plans helps to keep your child thinking flexibly and calling events a "big deal" or a "little deal" helps them manage disappointment. We explain how to effectively use both strategies in this animation.</p>	 <p>Parents Talk: Is a "Can't" or a "Won't"?</p>	<p>In this interview, parents Troy and Vanessa reflect on how children sometimes <i>can't</i> do something when it appears that they <i>won't</i> do it. They break down how to turn those <i>can't</i>s into <i>cans</i>.</p>
 <p>Preventing Overload</p>	<p>This animation offers parents tips on helping to prevent your child from getting overwhelmed, such as identifying possible triggers and preparing for them in advance.</p>	 <p>Goal, Why, Plan</p>	<p>Creating and working towards goals is a critical life skill. In this webinar, we discuss how to help your child make goals, understand why that goal is important, and how to create a plan to achieve that goal.</p>
 <p>Identifying the intensity of feelings</p>	<p>In this animation, we cover how to identify the intensity of feelings as</p>	 <p>Taking the time to write things</p>	<p>In this webinar an expert explains how taking the time to write things</p>



Scan the QR code to the left to be taken to the YouTube playlist with all of the videos. Videos can also be downloaded using the link included in the description as well as information sheets to support you when trying new things at home.

<https://tinyurl.com/parentsheets>

# Looking for More? Check Out these Resources:

ATOM School-Based Organization/Time Management Skills Program: <https://theatomprogram.com>

Videos/handouts in English, Español and 中文: <https://chadd.org/stroud-umdadhdttools/>

If you need additional support, a parenting program: <https://chadd.org/parent-to-parent/>

HOPS For Parents Book: <https://www.nasponline.org/books-and-products/products/books/titles/hops-for-parents>

Infographic on ADHD & organization: [https://chadd.org/wp-content/uploads/2018/11/Organizing\\_Space\\_infographic.pdf](https://chadd.org/wp-content/uploads/2018/11/Organizing_Space_infographic.pdf)

**ADHD & Time Management Resources:**

<https://chadd.org/wp-content/uploads/2018/05/Time-Management-ADHD-Day-Planners.pdf>

<https://chadd.org/wp-content/uploads/2019/05/Time-Management-ADHD-To-Do>

**Creating a rewards system:** <https://www.verywellfamily.com/how-to-create-a-reward-system-for-kids-that-works-1094752>

**ADHD & Learning Differences Program at Children's National:** <https://childrensnational.org/adhd>

**Center for Autism Spectrum Disorders at Children's National:** <https://childrensnational.org/casd>

# Additional Toolkit Resources for Adolescents

*Helping Your Adolescent with ADHD Succeed*  
(Power & Nissley-Tsiopinis):



*ADHD and Teens: Information for Parents* (National Resource Center on ADHD at CHADD):



*Life of a Teenager with ADHD* (National Resource Center on ADHD at CHADD):



*Preparing Your Teen with ADHD for Safe Driving*  
(Power):



# Thank you!



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**mdvorsky@childrensnational.org**

Learn more about ATOM & check out our resources on the

ADHD & Learning Differences Program website:

<https://childrensnational.org/adhd>